

Premier's Awards for Teaching Excellence 2009-10 Team of The Year Nomination Form

Team Title _____ Page _____ of _____

NOMINATOR INFORMATION *(To be completed by the person submitting the nomination)*

I am a:

| | | |
|---|--|---|
| <input type="checkbox"/> Elementary Student | <input type="checkbox"/> Teacher | <input type="checkbox"/> Principal or Vice-Principal |
| <input type="checkbox"/> Secondary Student | <input type="checkbox"/> Support Staff | <input type="checkbox"/> Supervisory Officer/Superintendent |
| <input type="checkbox"/> College/University Student | <input type="checkbox"/> Parent | |
| <input type="checkbox"/> Other <i>(specify)</i> _____ | | |

Title _____ Last name _____ First name _____ Middle initial _____

Mr. Mrs. _____
 Ms. Dr. _____

Home address *(street name and number)* _____ Apt _____ City/Town _____ Province _____ Postal code _____

Home telephone number _____ Work telephone number _____ ext _____ Email address _____

Preferred contact: Home phone Work phone Email

How did you learn about the Premier's Awards? *(select all that apply)*

| | | |
|---|---|---|
| <input type="checkbox"/> Poster | <input type="checkbox"/> School / Board newsletter or website | <input type="checkbox"/> Newspaper / Magazine / Other media |
| <input type="checkbox"/> Postcard | <input type="checkbox"/> Ministry of Education website | <input type="checkbox"/> Email |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> From School / Board staff | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Other <i>(specify)</i> _____ | | |

NOMINATOR'S CONSENT *(To be completed by the person submitting the nomination)*

If your nominee is selected for an award, please check to indicate if you will permit the Ministry to disclose your contact information for 2009-10 and subsequent years to:

- The team's school and school board/authority
- Media (print, television, radio, internet)

This is to acknowledge that I am nominating the individuals whose information is contained in this nomination package and that the information is, to the best of my knowledge, current and accurate.

X _____
 Signature of **nominator** _____ Date *(yyyy/mm/dd)* _____
 (if under the age of 18, must be co-signed by a parent or legal guardian)

SUPPORTER INFORMATION

| | |
|--|--|
| <p>Supporter #1</p> <p>I am a:</p> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Support Staff <input type="checkbox"/> Principal or Vice-Principal <input type="checkbox"/> Supervisory Officer/Superintendent <input type="checkbox"/> Other <i>(specify)</i> _____ | <p>Supporter #2</p> <p>I am a:</p> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Support Staff <input type="checkbox"/> Principal or Vice-Principal <input type="checkbox"/> Supervisory Officer/Superintendent <input type="checkbox"/> Other <i>(specify)</i> _____ |
|--|--|

Each letter of support must include the supporter's full name and signature. Two letters of support are required in addition to the nominator's letter. Supporting letters cannot be from a nominee's relative.

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THIS PAGE MUST BE FILLED OUT FOR EACH MEMBER OF THE TEAM

Page _____ of _____

Team Title _____ Nominator's Name _____

NOMINEE INFORMATION *(Information about the person being nominated for an award)*

| | | | | | |
|---|-----------------------|---------------------------|---|----------|-------------|
| S/he is a: <input type="checkbox"/> Teacher | | Years of Experience _____ | <input type="checkbox"/> Support Staff (<i>specify</i>) _____ | | |
| <input type="checkbox"/> Principal or Vice-Principal | | | <input type="checkbox"/> Supervisory Officer/Superintendent | | |
| OCT Registration # (<i>if applicable</i>) _____ | | | <input type="checkbox"/> Other (<i>specify</i>) _____ | | |
| Title | Last name | First name | Middle initial | | |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | | | | | |
| <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | | | | | |
| Home address (<i>street name and number</i>) | | Apt | City/Town | Province | Postal code |
| Home telephone number | Work telephone number | Email address | | | |
| | ext | | | | |
| Preferred contact: <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Email | | | | | |
| School Name (<i>if applicable</i>) | | School City/Town | School Board/Authority | | |

NOMINEE'S CONSENT *(To be completed by the person being nominated for an award)*

The Ministry would like to use and disclose your contact information to publicize the awards for 2009-10 and subsequent years. Please check to indicate if you will permit the Ministry to disclose your contact information to:

- Your school and school board/authority
- Media (print, television, radio, internet)
- Your Member of Provincial Parliament (MPP)

and if so, whether you will permit the disclosure if you are:

- Nominated for an award
- Selected for an award

If you are selected for an award, please check to indicate if you will permit:

- Your school and/or school board/authority to talk to your nominator about the nomination.

I accept this nomination and certify that I meet the applicable eligibility criteria and that I have not previously received a Premier's Award for Teaching Excellence. I also acknowledge that the information contained in this nomination package is, to the best of my knowledge, current and accurate.

X _____
Signature of Nominee _____ Date (yyyy/mm/dd) _____

Notice of Collection and Use of Personal Information

Personal information provided on this nomination form, any letters of support and discussions with the nominator will be used by the Premier's Office and the Ministry of Education (the "Ministry") to administer the Premier's Awards for Teaching Excellence. Third party vendors and an independent Selection Panel will assist with the administration. If you are selected for an award, the Ministry will use the information contained in the nomination package to feature your accomplishments in a variety of media including the Ministry's website, news releases, and other promotional products to publicize the award in 2009-10 and subsequent years.

All personal information is collected in compliance with ss. 38(2) and 39(1)(e) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31, as amended. For more information about the collection, use and disclosure of personal information, please contact: Senior Public Inquiries Officer, Ministry of Education, Public Inquiries Unit, 14th Floor, Mowat Block, 900 Bay Street, Toronto ON M7A 1L2 or call 416 325-2973 or 1 800 387-5514 or TTY/TDD 1 800 263-2892 or visit www.ontario.ca/teachingawards.